
PROCEEDINGS OF THE EIGHTH ANNUAL
MEETING OF MEDICAL SUPERINTENDENTS
OF AMERICAN INSTITUTIONS FOR THE IN-
SANE, *held at Baltimore, May 10th, 1853.*

PROCEEDINGS &c.

Agreeably with the resolution adopted at the last Annual Meeting selecting Baltimore as its next place of Meeting, the Association met at the Eutaw House, in the above city, at 10 A. M., on the 10th May ult., when the following gentlemen were present :—

- Dr. FRANCIS T. STRIBLING, of the Western Asylum, Virginia.
Dr. T. S. KIRKBRIDE, of the Pennsylvania Hospital for the Insane, Philadelphia.
Dr. N. D. BENEDICT, of the New-York State Lunatic Asylum, Utica.
Dr. TYLER, New-Hampshire Asylum, Concord.
Dr. JOHN CURWEN, of the Pennsylvania State Lunatic Hospital, Harrisburg.
Dr. C. H. NICHOLS, of the U. S. Hospital for the Insane, Washington.
Dr. H. A. BUTTOLPH, of the New-Jersey State Lunatic Asylum, Trenton.
Dr. J. FONERDEN, of the Maryland Hospital, Baltimore.
Dr. W. H. STOKES, of the Mount Hope Institution, Baltimore.
Dr. R. J. PATTERSON, of the Indiana Hospital for the Insane, Indianapolis.
Dr. J. H. WORTHINGTON, of the Friends' Asylum, Frankford, Pennsylvania.
Dr. KENDRICK, of the Ohio Lunatic Asylum, Columbus.
Dr. BROWN, of the Bloomingdale Asylum, New-York.
Dr. CLEMENT A. WALKER, of the South Boston Asylum.
Dr. EDWARD JARVIS, of the Dorchester (private) Institution, Massachusetts.
Dr. FRANCIS BULLOCK, of the King's County Lunatic Asylum, Flatbush, L. I.

The meeting was called to order by Dr. BUTTOLPH, the Secretary.

In the temporary absence of the President, it was moved, that Dr. Stribling do now take the chair; which being agreed to, the Association was declared organized for the despatch of business.

On motion of Dr. Kirkbride, it was

Resolved, That each member be authorized to invite such individuals and friends, as he may think proper to attend the meeting of this Association.

On motion of Dr. Fonerden, that a committee be appointed by the chair to prepare and arrange business for the meeting, the president named Drs. Fonerden, Kirkbride and Buttolph.

A resolution moved by Dr. Tyler, that a committee be appointed to nominate a place for the next Annual Meeting, was unanimously agreed to; and Drs. Nichols, Curwen and Tyler were appointed such committee.

Dr. Kirkbride would be happy to lay before the Association the plans of the Alabama Hospital for the Insane, now being erected at Tuscaloosa, which had been designed by himself, and drawn under his supervision. Dr. K. accompanied the exhibition of the drawing, with some details of the improvements made in its arrangements. The association warmly approved of the plans.

Dr. Nichols then requested the attention of the Association to the plans of the proposed new Asylum for the Insane of the Army and Navy and of the District of Columbia. The plans designed by him (Dr. N.) and wrought out by R. U. Walter, Esq., the architect of the National Buildings at the Capitol, having been submitted to and approved of by the National Government, were the working plans of the edifice, the drawings of which he had now the pleasure of laying before them.—Among other things he would call their attention to one point, viz., that the water and waste pipes, &c., are so arranged and combined that in the event of any repairs being needed they are easily accessible. The limited appropriation made by the Act of Congress which provides for the erection and establishment of this Hospital, rendered it impossible, or at least inexpedient, to lay the foundation of the whole structure at once, and it was therefore proposed to lay out and finish one wing only, at present, leaving the erection of the remainder,—the centre building and the other wing,—to be provided for by further appropriations.

Dr. Kirkbride regarded the arrangement of the water, waste and other pipes made by Dr. Nichols, as one of the greatest improvements lately introduced. He (Dr. K.) thought that much credit was also due Dr. Nichols for the mode he has adopted in the erection of the Hospital, viz., by commencing at the extremity of one wing, and thus doing practically what the Association believes in theoretically. He (Dr. K.) thought it should be always borne in mind that if the funds appropriated to an Insane Hospital are insufficient to finish it according to a most lib-

eral estimate, or doubtful, and that if it is found necessary to neglect any portion of it at the outset it should be the centre building and not the wings.

In the course of a conversation as to the advisability of Basement Kitchens in which Drs. Fonerden, Benedict, and Nichols took a part, Dr. Stribling said he thought that in a Southern climate they were objectionable: Dr. Benedict thought that in no climate were they expedient.

Dr. Jarvis announced that he had received two papers from Dr. Galt, of the Eastern Asylum, Virginia; one "on the Lincoln Lunatic Asylum, (England) and the method of treatment there," the other "on Pledges by the Insane."

Dr. Fonerden moved that they be referred to the Business Committee. Agreed to.

Dr. Kirkbride moved that one of Dr. Galt's papers—that "on Pledges," be read by Dr. Nichols. Agreed to.

Dr. Steuart, President of the Board of Directors of the Maryland Hospital, who sat with the Association by invitation, requested that permission be granted the architect of the New State Hospital for the Insane of Maryland, to lay the plans of that edifice before the Association; which being complied with, Mr. Niernsee, the architect, laid the working plan and drawings before the meeting. Various details of its arrangements were discussed at some length by Drs. Kirkbride, Benedict, Buttolph, and other members.

Dr. Steuart explained that the "Propositions as to the Construction of Insane Hospitals," adopted by the Association, had been kept in view in designing the present Institution, but that owing to the site, and other local or State causes, it had been found necessary to modify, without entirely departing from, some of its details.

The plan combines both the single and double range of rooms, a corridor and single rooms for the best and worst patients, and rooms on both sides of the corridor for the intermediate class. This combination seemed to meet with the approbation of the Association.

Dr. W. H. Stokes, on behalf of the Sisters of Charity of the Mount Hope Institution, tendered an invitation to the Association to visit that establishment on Wednesday afternoon. Referred to Business Committee.

Adjourned to 1 P. M.

AFTERNOON SESSION.

At 1 P. M. the members re-assembled, when Dr. Luther V. Bell, of the McLean Asylum, the president, Dr. Isaac Ray, of the Butler Hospital, the vice-president, and Dr. Stewart, of Blockley, appeared and took their seats as members of the association.

An invitation to visit the Maryland Almshouse, and the site of the New State Hospital for the Insane having been accepted by the Association, and carriages being then in waiting to convey the members thither no session was held.

The Association first proceeded to the Alms-House, which is located about two miles from the city, amongst very pleasant grounds, and upon a beautiful farm of some 300 acres in extent. The General Hospital appears to be very well conducted, but in the wards set apart for the Insane was seen a type of the treatment which this unfortunate class of our fellow-beings were subjected to in the darkest periods of their history. The Members of the Association keenly felt the reproach their condition is to the age in which we live ; and consequently could not but express themselves strongly in reprobation of the treatment that obtains there.

From the Almshouse, a ride of some four miles took the members to the site of the New Asylum for the Insane. A violent storm of rain which occurred prevented the members from walking over the site, but the drive through the grounds, and a short space of clear weather when on the site, enabled them fully to appreciate the discrimination which had selected this spot for the new structure. The prospect on all sides of a highly-cultivated country, dotted with villas and country-seats—of Baltimore, lying about five miles distant—of the moving panorama, presented by the shipping on Chesapeake Bay—of the Eastern Shore of Maryland, and of the Atlantic Ocean beyond, with its contiguity and accessibility by Railroad, in addition to the water privileges it enjoys, and other desiderata, combine to make the location a most desirable one.—Dr. Steuart, the President of the Board of Directors, on whom was delegated the very responsible trust of selecting the site, had visited and inspected a great number of places with this view, but found none that agreed so fully with the requirements of the “Propositions on the Construction of Hospitals.” Great credit is due Dr. Steuart for his untiring and most philanthropic exertions in the cause of the Insane of his native State.

EVENING SESSION.

At 6 P. M. the members met at their Session Room.

Dr. Bell read Dr. Galt's paper "on the Lincoln Lunatic Asylum," (England.)

In this paper the writer expresses himself as much pleased with various modes of treatment adopted there, quite dissonant with the views and sentiments entertained by the Association.

Dr. Kirkbride objected to some of the sentiments of the paper. The almost indiscriminate admission of visitors, supported by the author, he thought very hurtful. While no respectable institution would object to the admission of visitors under proper regulations, and within certain bounds, he (Dr. K.) would never allow any visitor to enter a hall inhabited by patients of even the best class without having an officer in attendance upon him, in the institution that he was connected with.

Dr. Benedict thought that every thing good, as regarded the treatment of the Insane, recommended in the paper has been adopted and practiced for a great number of years in every institution making any pretensions to respectability in the country. He, (Dr. B.,) felt bound to express his entire dissent with the author of the paper on many subjects treated of in the paper just read. He most cordially concurred with Dr. Kirkbride's remarks relative to the admission of visitors, and must state that in his opinion a too free admission of visitors instead of proving beneficial to the patients, resulted in a positive injury.

After some further remarks from Drs. Stribling, Stewart, (of Blockley,) and Bell, following the same line of argument and deeming the views advanced rather retrogressive than otherwise, the paper was laid on the table.

Dr. Kirkbride read a paper "On the night care of the Insane."

The Association then adjourned to 9 A. M.

SECOND DAY—MORNING SESSION.

Dr. Smith, of the Missouri State Lunatic Asylum, took his seat as a Member of the Association.

Dr. Ray exhibited two specimens of Jones' Compression Faucet—one being the old, and the other a much improved one, having the advantage of being easily packed, &c.

Dr. Bullock laid on the table the plans of the new Asylum, for the Insane of King's County, N. Y. which met with the unanimous approbation of the Association.

The paper read by Dr. Kirkbride the evening before, "On the night care of the Insane," was then taken up and discussed.

Dr. Benedict concurred most fully in the views expressed by Dr. Kirkbride in his paper. He thought that the night care of the Insane was so generally acknowledged and understood, as to render it almost supererogatory to say any thing in its favor. In his own experience a fire had been discovered by the night attendant, and the alarm given, which, without this means of detection would, undoubtedly, have wrapped the building in flames. He considered a night-watch extremely useful in keeping up the police of an institution. He had also derived much benefit from the night-watch in curing filthy habits among a certain class of patients.

Dr. Curwen employs a night-watch, and fully coincides in Dr. Kirkbride's views as to the advisability of having a more extended care of the Insane at night. Dr. C. dwelt at some length on the very great benefits derivable from the night-watch in the cure of filthy habits in chronic cases: instancing several cases in his experience where a radical cure, it might be said, had been effected.

Drs. Smith, Stewart, (of Blockley,) Patterson, and Stribling, concurred in the utility of the night-watch. In the institutions under their charge a night-watch is regularly employed.

Drs. Tyler, Walker and Bullock were much pleased with the paper. No night-watch is employed in their institutions.

Dr. Ray dwelt at some length upon the merits of the paper, and upon the general question involved. He thought that there was a proneness to prefer our own individual ways, without giving to other plans that mature consideration which was desirable, and a trial, which alone would enable us to find out whether the same objects can not be attained by other, and less objectionable, means. He employs no night-watch, and thinks himself better off without them.

Dr. Jarvis said that, having private attendants for each patient under his charge, who also sleep with them, he did not keep up any night attendance, other than was necessary in case of sickness.

Dr. Kendrick said that a watchman was employed at the institution at Columbus, who passes through the halls. He, however, relied much upon putting two patients together for their mutual safety.

Dr. Brown stated that for thirty years Bloomingdale Asylum had been without any regular night-watch, but he believed that during Dr. Nichols' time, who has so recently discharged the duties of Superintendent

there, that a night-watch was maintained. The institution is without a night-watch, now, however.

Dr. Nichols replied, that to his predecessor at Bloomingdale, Dr. Pliny Earle, was due the credit of having originated a night-watch there.—He, (Dr. N.,) feeling convinced of the utility of the plan had maintained a night-watch there: he also concurred in the views expressed in Dr. Kirkbride's paper.

Dr. Bell said, that to keep an outside watchman to guard against fire was a debt paid to public sentiment. He must confess that he was not prepared to admit the necessity or utility of an in-door watchman as much as the tone of the paper seemed to imply. After the catastrophe at the Maine Hospital, it had been tried at the McLean Asylum, but gradually fell into desuetude. A watchman seemed to keep the whole house in an uproar—patients would fancy themselves seriously unwell, and having a messenger at hand would insist on seeing the Doctor immediately. As to the watchman being able to prevent suicide, that he thought almost impossible, for the chances were as 100 to 1 against his being on the spot where, and at the moment when suicide was being committed. The care of suicidal patients was so important that he thought it should not be intrusted to the casual visits and divided attention of a watchman. Attendants are watchmen; and they should be impressed with the necessity of disciplining themselves to sleep lightly; this is quite possible; cases are plenty in which persons have so accustomed themselves to sleep lightly that the least unusual noise awakens them. Homicidal and suicidal mania are so often co-existent that he thought no two patients should ever be put together; no attendant even should be put to sleep in a room with a suicidal patient, but an open latticed door should divide them. Persons in whom it was not known that a propensity to suicide existed were those who most frequently successfully perpetrated the act. The calling up of filthy patients by the watchman might have a good effect in cases of dementia, but not in mania.

Dr. Kirkbride explained some points treated of in the paper which had formed grounds of remark. He said he was cognizant of two cases of suicide having been successfully prevented by the night-watch, and nothing but the constant vigilance of attentive persons can prevent suicide. He thought that the noise caused by the watchman which Dr. Bell made a ground of objection to the use of a night-watch might be easily remedied by having the duties fulfilled by a careful person; he had known these duties performed with so much quietness that the patients were actually not aware that the watchman passed through their halls. He thought that in justice to the attendants who are employ-

ed in the harassing care of insane patients they should be relieved at night from the responsibility which attaches to their duties. Many attendants would sink under the weight of the thought that the responsibility of suicidal patients rested upon them when retiring at night. This idea would also prevent their having a sufficiency of sleep, than which nothing was more injurious, as it tended to make them irritable. He thought that it should be impressed upon attendants to accustom themselves to sleep through all noises, as it was thus only that they would be able to take that amount of sleep which was essential to the due performance of their duties. An occasional watch was worse than useless; and in his opinion a regular night-watch only was to be tolerated. Filthy habits in eight or nine chronic cases, with which he is acquainted, have been entirely cured in less than a twelvemonth by means of the night-watch. One night-watch, that is, one of each sex, should always be employed; two, and in some institutions, four, might be employed with advantage.

Dr. Kendrick said that the cure of filthy habits having formed rather a prominent subject of remark in the present discussion, he would take the liberty of throwing out a suggestion on this point, that the members of the Association might, perhaps, consider useful. He had known very advantageous results follow the use of injections of ice-water into the rectum. It was a mode of treatment adopted by him for the cure of filthy habits. The effect of the injection was to cause intense pain for a few moments, but he had never found it to fail in the desired result. Dr. Kendrick also alluded to the use of shower-baths.

Dr. Kirkbride would wish to raise his voice against the use of any means of torture.

Dr. Benedict was much surprised to learn that any means partaking of the usages of a past age, and which he thought had long been exploded from our Institutions, were still in existence. He protested against any such coercionary means, and against the inference that the gentleman had conveyed that either shower-baths or any other coercionary means were permitted, or were in use among us.

Dr. Jarvis had used injections of tepid water with very beneficial effects, not as coercionary, but as medical. means of treatment.

Dr. Bell said that some little favors and privileges might be granted, the withdrawal of which would be considered a punishment; further than this he could not go. The use of injections in a medical point of view he was quite prepared to admit, but to use ice-water injections as a coercionary means he thought inadmissible, and in the present age censurable. Modern and ancient hospitals are distinguished from each

other by this axiom "*Patients, now-a-days, are not responsible.*" A dose of senna or aloes would distress and gripe a patient very much; but if a medical man was to call a patient aside and tell him—"you have done so and so, which is wrong, and now to punish you for this I am going to give you a dose of something which will gripe you terribly," this he, (Dr. Bell) thought was equally wrong as to use the lash, the shower-bath—or the ice-water injections, although at the same time it might be, that the patient stood in need of, and would be benefited by, a strong cathartic. He would wish to reiterate what had been already said by Drs. Kirkbride and Benedict, and have it widely and distinctly known that the views and sentiments of this Association are directly and emphatically adverse to any penal or coercionary means being used or permitted in our Hospitals for the Insane.

Dr. Nichols then read a paper by Dr. Galt, "*On pledges by the Insane.*"

A short conversation ensued on the subject-matter of the paper, in which Drs. Buttolph, and Kirkbride took a part.

On a motion that the paper be laid on the table,

Dr. Bell said that no one, perhaps, in the United States had given more attention or had made greater or more frequent trials on this subject than the late Dr. Woodward. But Dr. Woodward's views had very materially changed on this question, a few years before his death, adversely to the accepting of pledges from the insane.

The paper was then laid on the table for future discussion. [The press of other matter subsequently, however, prevented this discussion being resumed.]

After an interval of ten minutes,

Dr. Jarvis read a paper "*On the effects of over or perverted action of the Brain or Nervous System on mental health.*"

A communication from the business committee relative to the visit of the Association to the Maryland Hospital having been made,

Dr. Kirkbride said, that he thought Dr. Jarvis had conferred a favor upon the community by the production of the paper just read by him.

Dr. Ray fully endorsed the views advanced in the paper, and the principles of education, modes and manner of life recommended by Dr. Jarvis.

The paper was further discussed by Drs. Fonerden, Bell, Smith and Jarvis. During a rather desultory conversation that arose, casual reference was made to the phrenological doctrines of the agency of the brain in the action of the mind. On this point very different views and opinions were held among the members of the Association.

Dr. Bell said he was not prepared to say that the brain is the sole organ of thought : he had no reason to believe otherwise than that it is the whole, and not any one part of the Nervous System that performs this function, and in which the faculty exists. Autopsies generally present no material lesion of the brain ; changes, indeed, there are to be seen, but which may have occurred in *articulo mortis*. What symptoms have we seen that can lead us to infer that the brain is the sole organ of the mind ? How rare it is for our patients to complain of pain in the head, and how entirely inefficient have all counter-irritants hitherto proved in diseases of the brain ! He fully admitted the great importance of education as having reference to phrenology—educating the faculties, and not the *organs*. . . . All knew, too, that functional diseases eventually became organic. In conclusion he, (Dr. Bell) thought that it was false philosophy to assume that the brain, only, is the seat of mind ; nor will any examination that can be made, shew us the seat of mind—neither the mind or its seat being visible to physical examination.

After a few words from Drs. Smith and Buttolph, who favored the phrenological views of the argument, but who appeared to be, however, largely in the minority, the Association adjourned to 3½ P. M.

AFTERNOON SESSION.

The Association having met at the hour appointed for its afternoon session, and intimation being given that the carriages to convey the members to the Mount Hope Asylum were then in waiting, it was agreed that the Association be further adjourned to 6 P. M.

The Mount Hope Institution is pleasantly situated within a short distance of Baltimore ; indeed, so near is it, that the extension and improvements of the city, and the opening of new streets so far encroach upon its privacy, that but a short time can elapse before its removal to a more retired location will be necessary. The eighteen acres of land belonging to the institution are tastefully laid out in pleasure-grounds, walks, gardens, &c., &c. It is entirely under the control of the Sisters of Charity, Dr. Stokes, its excellent physician having charge only of the medical department, and who bears warm testimony to the high and efficient qualifications of the Sisters for the duties they fulfill. The very neat order and thorough cleanliness maintained in every part of the establishment, the general appearance of the patients and their freedom from restraint reflect much credit on all concerned with it. The mem-

bers having examined every part of the house under the guidance of Dr. Stokes, sat down to a very elegant cold collation prepared for them. The association then returned to the Eutaw House much pleased with their visit, and with the kind and hospitable manner in which they had been received by the Sisters.

EVENING SESSION.

The Association assembled at their Session Room in the Eutaw House at 6 P. M.

Dr. Ray read a paper "On undescribed Forms of Acute Maniacal Disease."

On motion of Dr. Tyler, the discussion of this paper was deferred for the present, and the Association adjourned to 9 A. M.

The remainder of the evening was passed by the members of the Association at the hospitable mansion of Dr. Steuart, President of the Board of Directors of the Maryland Hospital, whose name is intimately blended with all the improvements made in the condition of the Insane of Maryland.

THIRD DAY—MORNING SESSION.

The Association having met at the hour appointed, proceeded to discuss the paper read last evening by Dr. Ray "On undescribed Forms of Acute Maniacal Disease."

More fully to elucidate the discussion which followed, and to explain the bearing of some of the arguments advanced, we extract and condense some portions of this very interesting paper, which has been handed to us for publication, and which will appear in the next number of the "Journal of Insanity."

Dr. Ray describes seven cases that he had received, of which six terminated fatally. The Doctor then proceeds to state that though "examples might be multiplied, enough had been given, to justify the doubt, whether all the anomalous cases of acute maniacal disease, which are now so frequently witnessed in our hospitals for the insane, can be properly referred to that form of it which has been

described by Dr. Bell." . . . "From the discussion which followed the reading of this paper (Dr. Bell's, in 1849,) it appeared that, with one or two exceptions, no one felt sure that he had met with the disease in his own practice. At subsequent meetings of the Association, however, several members have spoken of its having been recognized by them; and at the last meeting a paper describing several cases was read by Dr. Worthington." "Dr. Benedict of the Utica Asylum, in his last report, includes in his admissions, eleven of what he terms '*exhaustive mania*,' and in the discussion which followed the reading of Dr. Worthington's paper, Dr. Benedict expressed the opinion that the form of disease here indicated was identical with that of Dr. Bell. The only fact mentioned in his report respecting it is, that they all recovered; after making every allowance for diversity of treatment, this fact alone would throw much doubt on their identity, since nearly all Dr. Bell's cases proved fatal." Dr. Ray then alludes to the class of cases described by Drs. Williams and Ranney (see vol. VII, p. 43, and vol. VIII, p. 145.) and which, as being distinguished from other forms of maniacal excitement, has been termed *typhomania*.

Dr. Kirkbride made some remarks on the paper, and in conclusion stated that in this form of disease, stimulants had been much more freely used in the institution under his charge during the past, than in any previous year, and with very satisfactory results.

Dr. Patterson had not met with any cases in the patients under his charge, presenting the types or symptoms of the disease described. Doubtless cases did occur in the section of country where he resided, but the probability was that they were kept at home, where they died. Patients are not conveyed early to the Asylum in his State.

Dr. Walker had met with one case in which the symptoms had assumed such a character that it was deemed advisable to have a Coroner's inquest to inquire into the matter, as strong suspicions were held in the community that the deceased had come to his death by foul means; this, however, was not the verdict of the jury, and he felt no hesitation in saying that it was one of that class of cases described by Dr. Ray.

Dr. Kendrick appreciated the full value of the paper; he had not himself witnessed any cases bearing a resemblance to those described, probably for the same reasons assigned by Dr. Patterson.

Dr. Stribling said, that from the location of the Asylum under his charge, he had not had any experience in cases of the nature described by Dr. Ray; he would not say that there were none to be met with in Virginia, but if there were the distance might have been so great as to

deter their friends from attempting their removal at the first onset of the attack, and they might have died whilst waiting such a measure of strength as would justify the friends in bringing them to the Asylum. He, however, used stimulants in other forms of disease, and with very pleasing success.

Dr. Brown has had four cases which very much assimilated to those described by Dr. Bell. He would much wish to see the paper read by Dr. Ray printed, as it would enable gentlemen to prove to their own satisfaction whether a case they might have under treatment formed one of the class described by Drs. Bell and Ray.

Dr. Benedict said, that it was with much diffidence that he ventured to differ with Dr. Ray, whose reputation and great experience were so widely and deservedly known. The eleven cases to which reference had been made in Dr. Ray's paper, called in his (Dr. B's) last annual report, *exhaustive mania*, he confidently believed to be well-marked cases of the form of disease described by Dr. Bell. They were certainly not cases of the ordinary acute mania described in books, and generally met with in Asylums, neither were they cases of that form of disease referred to by Drs. Williams and Ranney, and which is termed Typhomania.—He, (Dr. B.,) had had large experience in a General Hospital where emigrant fever abounded, and where Typhomania was frequently met with, so that he had no excuse if he had failed in discriminating between the one and the other. The classes in community in which the two diseases occur are very different; the mode of attack—many of the symptoms, and especially the character of the delusions—the progress and termination of the two diseases are widely at variance from one another. That the gentlemen from Indiana, Ohio, and Virginia had not seen this form of disease, he thought very possible from the facts adduced by them—that the locations of their institutions were such that patients might die at home. It was very different however, in New-York State. The Asylum at Utica was so easy of access, and the facilities of travelling were so great that even from the furthest point of the State to reach it was within the compass of a few hour's ride. The feeling that the Asylum is the only place to treat an insane person was so widely disseminated through the community that patients were hurried there in some cases with too much rapidity. This had formed a ground of caution from his predecessor, Dr. Brigham....If the cases he had mentioned last year did not come under the same category with those described by Dr. Bell, then he was mistaken; but he felt very convinced that his judgment had not erred in classifying them with those; if they were not, however, then possibly they might be a form

of disease still undescribed. To the great facilities for travelling, to which he had already alluded, and to the treatment adopted—that of stimulants,—he attributed the recovery of the eleven cases.

[In answer to an inquiry by Dr. Bell, Dr. Benedict said that he gave stimulants very freely, in some cases, as much as twenty-four ounces of the best brandy in twenty-four hours.]

That the recovery of these eleven cases was an unusual coincidence he admitted, but the next three terminated fatally.

[In reply to Dr. Benedict, Dr. Ray here stated that the proportion of cases of the form of disease described by him was about 10 per cent of the admissions.]

Dr. Benedict then went on to state that taking into consideration the number of admissions at the Utica Asylum, which was equal to the aggregate admissions of several of the New-England Hospitals,—and the great similarity between the habits, modes of life, and general character of the people of New-England, and those of the State of New-York, it was scarcely probable that a disease to which one were so subject should not be met with in the other. It was certainly possible; and if that was the case, and that this disease should be one coming under that class, and from which the people of New-York State are exempt, then he, (Dr. B.,) had never seen the disease described by Dr. Bell. He shared in Dr. Brown's desire to see the paper put on record, and trusted Dr. Ray would permit its insertion in the *Journal of Insanity*.

Dr. Bell thought that the great facility of access to the Asylum at Utica made it easy for this class of patients to reach there. The cases Dr. Benedict had mentioned were cases of that description he had not the slightest doubt. He had lately made freer use of stimulants in the treatment, and with commensurate success. This disease differs widely from Typhomania, and is a disease *sui generis*. When the Association held its meeting at Boston, some three years since, there was a well-marked case of this form of disease then under treatment at the McLean Asylum, which was recognised without difficulty by two of the members of the Association on the occasion of their visit there.

In reply to Dr. Stribling for information as to Typhomania, Dr. Benedict described the symptoms, progress, &c., of that disease.

Dr. Ray said, that the paper read by him had been prepared rather hurriedly, and he possibly might have failed to mark sufficiently plain, some of the symptoms indicated by Dr. Bell.

Dr. Bell said there was a difficulty occasionally met with in discrimi-

nating between meningitis passing rapidly through its various stages, and mania; but with this disease it was wholly different. He had found no difficulty in classifying it; a few days affording ample time for that purpose. The symptoms on admission are different from those presented in mania; the person, on admission, when told where he is, for a moment comprehends what is said to him, but in a very short time, a few minutes even,—he relapses into his delusions, and if food is offered him questions as to whether it be not human flesh, &c. . . . There was certainly much similarity between this disease and delirium tremens, and if it had appeared in persons whose character would have laid them open to a suspicion of their being addicted to intemperate habits, would, undoubtedly, in many cases, have been referred to that cause, and have been called delirium tremens. But, and without a single exception, the contrary has been the case, it having occurred only in persons whose moral character was unimpeachable. Females have furnished a fair proportion of cases. One case occurred in a person who had been insane and under treatment for a number of years (a female, suffering with monomania); the disease passed through its various forms and exacerbations, and terminated in death.

Dr. Ray said that he had found etherization very beneficial in enabling the administration of food and medicine.

Dr. Bell thought that etherization might be valuable as an adjuvant to opiates in inducing sleep. Dr. Bell then described a case where chloroform had induced insanity in a lady to whom it had been applied by a dentist. This lady having remained a year under his charge had very suddenly committed suicide, although she had never before betrayed any traits of suicidal mania.

Dr. Kirkbride has had two cases under his care, whose insanity, their friends have not the slightest doubt, was induced by etherization and chloroform.

Dr. Stribling moved that a committee of finance be appointed, which being agreed to, Drs. Kirkbride, Stribling, and Buttolph, were appointed.

A letter was read from Dr. Chandler, of the Worcester Hospital, excusing his unavoidable absence from the meeting; and from Dr. Earle, asking for such reports of Asylums for the Insane as had not reached him; also from Dr. Mead, of the private Asylum, near Cincinnati, calling the attention of the Association to his Psychological Journal, of which copies were laid on the table by the Secretary, Dr. Buttolph.

Dr. Tyler, from the committee to select a place for the next meeting, said that they named the city of Washington.

Dr. Ray moved an amendment that Providence, R. I., be substituted for Washington; he further moved that the next meeting be held two years from that date.

Dr. Stribling would suggest that the future meetings of the Association should be so arranged as to meet at the same time and place as the American Medical Association. He thought it would lead to good results, by enabling them to diffuse information on the specialty to which they applied themselves, among their professional brethren otherwise engaged.

Dr. Kirkbride thought Dr. Stribling's suggestion utterly impracticable. For the short period during which the Association met, the business brought before them gave ample employment to its members; and he considered it most important that they should keep themselves entirely distinct from all other bodies whatever.

Dr. Bell thought that the locality of new Asylums offered a very desirable point of meeting; as it would induce a harmony of action, by causing new institutions to send their superintendents to attend the meetings. It would also create a more general desire in the community to reap the benefit of what experience the Association may have.

Dr. Ray's opinion was that the Association exerted no influence whatever upon the community other than through its publications.

Dr. Kirkbride was of opinion that the influence of the Association would be much impaired were its meetings to be held less frequently than at present.

The amendments proposed by Dr. Ray having been separately put to the meeting by the chairman, were severally rejected, and the nomination of the committee very generally supported.

Dr. Kirkbride, from the committee appointed last year to draw up a series of propositions embodying the views of this Association relative to the Organization of Hospitals for the Insane, then read a draft of the results of their labor.

The two first propositions were then discussed at some length.

Dr. Steuart, President of the Board of Directors of the Maryland Hospital, by invitation, explained the organization of that Asylum, and gave a very interesting, and in some degree detailed historical account of the institution from its foundation up to the present time.

The further discussion of the propositions was then adjourned, on motion of Dr. Kirkbride, in order that a paper prepared by Dr. Stokes be then read.

Dr. Stokes then read a paper "On the advantages and expediency of establishing in each State or other district, a board or commission of ex-

perts, for the purpose of investigating and testifying in trials, criminal and civil, where the question of mental soundness is involved."

Dr. Bell read a paper which, being on the same topic as Dr. Stokes',

On motion of Dr. Stribling were both laid on the table, the discussion of the two to be taken up together.

Adjourned at 2 P. M. to meet at the Maryland Hospital at 4 P. M.

Carriages being then in waiting to convey the members to the Maryland Hospital, they proceeded there at once. The Institution is located in the suburbs of the city, on a gentle elevation. Under the guidance of Dr. Steuart, President of the Board of Directors, and Dr. Fonerden, the resident physician, they examined the establishment thoroughly, and expressed themselves as much gratified with the neatness and good order observable, and the general appearance of comfort among the patients. The very limited extent of land belonging to the institution is a great drawback, as not giving a field for the exercise of that manual labor which is now considered so necessary an adjunct to medical treatment in the cure of Insanity, and in maintaining the physical health of patients. This deficiency, however, Dr. Fonerden, seems to remedy as far as in his power by the systematised walks of patients in the airing-courts of the Hospital. But this defect will be further and entirely obviated at the new Asylum which is now in course of erection, and which has 130 acres of land attached to it. During their visit to the Hospital the members partook of a very bountiful and elegant repast prepared for them. They also held a session in one of its spacious rooms. An unusually lengthened and animated discussion was had of the "Propositions" read in the morning by Dr. Kirkbride, in the course of which many interesting facts were elicited, which were we to dwell upon would extend our report beyond our utmost limits. Each proposition was taken up in detail, and some verbal alterations and additions made. The propositions as now laid before our readers have the unanimous approval of the Association, and are the well-matured views and sentiments of its members.*—Adjourned.

EVENING SESSION.

The members having assembled in their Session Room.

On motion of Dr. Kirkbride, Dr. Bell was appointed chairman of a committee on resolutions, to express the sense of the Association with reference to the courtesy and generous hospitality extended to its members during their stay in Baltimore, and also with regard to the visits

* See pages 22, 23.

paid by them to various public institutions. Drs. Stribling and Kirkbride were afterwards added to the committee.

The Treasurer, Dr. Kirkbride, reported from the Finance Committee, that no expenses had been incurred, and consequently that the balance remaining in his hands was the same as last year.

The papers read by Drs. Bell and Stokes in reference to the criminal insane, and to the subject of medical testimony generally in criminal and civil questions where the question of mental soundness is involved, were discussed.

Dr. Kirkbride read a paper "On the forcible administration of food in order to preserve life." A brief discussion on the subject was held.

On motion of Dr. Patterson, it was

Resolved, That this Association regards with continued admiration and unabated interest the benevolent and unwearied efforts of Miss D. L. Dix to secure ample provision for the proper care and treatment of the insane of our country, and that she is entitled to our warmest sympathies and our co-operation in her efforts to promote the great cause of philanthropy.

Resolved, That the Secretary be instructed to furnish Miss Dix with a copy of these resolutions.

Then adjourned to meet in the city of Washington at 11 A. M., on Friday.

FOURTH DAY.

The members of the Association left Baltimore in the 9 A. M. train, and on their arrival in Washington found carriages prepared to convey them to the site of the new United States Hospital for the Insane of the Army and Navy and of the District of Columbia, and for the erection of which an appropriation of \$100,000 was made by the last Congress. The farm selected is about two miles from the Capitol, and is admirably calculated for the purpose intended, having privacy, beautiful scenery, and unusual facilities for the various arrangements desirable about such an institution. Dr. C. H. Nichols, who has been appointed Superintendent, is directing the building operations, and is admirably qualified, by habits, education, and previous pursuits, for his important post. If the Government carries out this object with the good judgment thus far shown, the institution will be one of which the whole country may feel proud.

After visiting the Capitol, the Smithsonian Institute, and other points of interest in the city, the members of the association, by special appointment, paid their respects to President Pierce, by whom they were most courteously received at the Executive mansion.

The President expressed his gratification at meeting such a body of scientific men, and his deep interest in the cause in which they are engaged. He had himself been a Trustee of the New-Hampshire State Hospital up to the time of his removal to Washington, and fully appreciates the importance of a wise and liberal provision for all this class of the afflicted.

After leaving the President's, the association met at Willard's hotel, to complete the business for which they had assembled.

The propositions relative to the organization of Hospitals for the Insane, agreed to yesterday, were directed to be entered on the minutes and published as the unanimous sentiments of the association on the subjects referred to; and it was recommended to the different superintendents to publish them, with those previously adopted, as an appendix to their Annual Reports, for the purpose of giving them more general publicity.

As customary, resolutions of thanks to the Trustees and Directors of the various Institutions visited by the Association, also to Dr. Steuart, Dr. Nichols, and Mr. Jackson, proprietor of the Eutaw House, in Baltimore, were then moved and unanimously agreed to.

The association then adjourned to meet at the City of Washington, on the second Tuesday of May, 1854, at 10 o'clock, A. M.

After their adjournment, the members partook of an elegant dinner, provided by Dr. Nichols, at Willard's hotel, presided over by the Mayor of Washington, and attended by several of the prominent physicians of the District.

ON THE ORGANIZATION OF HOSPITALS FOR THE INSANE.

I. The general controlling power should be vested in a Board of Trustees or Managers, if of a State institution, selected in such manner, as will be likely most effectually to protect it from all influences connected with political measures or political changes ; if of a private corporation, by those properly authorized to vote.

II. The Board of Trustees should not exceed twelve in number, and be composed of individuals possessing the public confidence, distinguished for liberality, intelligence and active benevolence ; above all political influence, and able and willing faithfully to attend to the duties of their station. Their tenure of office should be so arranged, that where changes are deemed desirable, the terms of not more than one-third of the whole number should expire in any one year.

III. The Board of Trustees should appoint the Physician, and on his nomination, and not otherwise, the Assistant Physician, Steward and Matron. They should, as a Board, or by Committee, visit and examine every part of the institution, at frequent stated intervals, not less than semi-monthly, and at such other times as they may deem expedient, and exercise so careful a supervision over the expenditures and general operations of the Hospital, as to give to the community a proper degree of confidence in the correctness of its management.

IV. The Physician should be the Superintendent and Chief Executive Officer of the establishment. Besides being a well educated Physician, he should possess the mental, physical and social qualities, to fit him for the post. He should serve during good behavior, reside on, or very near the premises, and his compensation should be so liberal, as to enable him to devote his whole time and energies to the welfare of the Hospital. He should nominate to the Board suitable persons to act as Assistant Physician, Steward and Matron ; he should have the entire control of the medical, moral and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the Institution.

V. The Assistant Physician, or Assistant Physicians, where more than one are required, should be graduates of medicine, of such character and qualifications as to be able to represent and to perform the ordinary duties of the Physician during his absence.

The following are the resolutions of thanks to which allusion is made on page 21. They did not reach us in time to be inserted in their proper place.

Resolved,—That the members of this association have visited, with great interest, the Maryland Hospital for the Insane, under the medical care of Dr. Fonerden, and the Mount Hope Asylum, under the medical care of Dr. Stokes, and tender to these gentlemen their cordial thanks for their generous hospitality no less than their personal attentions and kindness on the occasion of their visits.

Resolved,—That the thanks of the Association are especially due to Dr. R. A. Steuart, of the Maryland Hospital, for the bountiful hospitality, and his unwearied efforts to render agreeable the visits of the members to the different public institutions with which he is connected.

Resolved,—That the thanks of the association are due and are hereby tendered to the Sisters of Charity for the elegant entertainment provided for the association, and for their personal attentions to the members during their visit at Mount Hope.

Resolved,—That the thanks of the members of the association are also due to the medical officers of the Baltimore Alms House for their courteous and kind attentions during their hasty visit to that institution. While the Hospital for the sick connected with the Alms House appears to be well conducted, the association regrets that a sense of duty compels them to say, that it is in striking contrast with the wretched provision made for the Insane in the same building—a visit to whom, and a personal inspection of their lamentable condition could scarcely fail to stimulate the people of the State to provide at the earliest possible day such Hospital arrangements as would forever banish from amongst them, a state of things unworthy of the age!

Resolved,—That a present inspection of the site of the new Maryland State Hospital for the Insane, impressed the members very favorably with the good judgment manifested in its selection, and its general appropriateness for the purposes intended.

Resolved,—That the members of the association, after a careful visit and examination of the site for the U. S. Hospital for the Insane of the Army and Navy and of the District of Columbia, have great satisfaction in being able to express their entire approval of the situation selected for the institution, and of the plans for the building, which have been adopted by the Government. They also regard the determination of the officers of the general government that this Hospital shall be erected under the immediate superintendence of a gentleman familiar with the whole subject, as worthy of especial commendation, and as tending with much certainty, to secure an institution worthy of the country to which it will belong.

Resolved,—That the thanks of the members are due to Dr. C. H. Nichols for his unwearied attentions and courteous hospitality during the visit of the association at Washington.

Resolved,—That the thanks of the association are due to Mr. Jackson of the Eutaw House, for his liberal provision for the meetings of the association, and for which, on account of its benevolent character, he declined receiving compensation.

Resolved,—That these resolutions be published, and that the Secretary be instructed to transmit copies of them to the several parties mentioned, to the U. S. Hospital, to the President of the United States, and to the Secretary of the Interior.

VI. The Steward, under the direction of the Superintending Physician, and by his order, should make all purchases for the Institution, keep the accounts, make engagements with, pay and discharge those employed about the establishment; have a supervision of the farm, garden and grounds, and perform such other duties as may be assigned him.

VII. The Matron, under the direction of the Superintendent, should have a general supervision of the domestic arrangements of the House, and under the same direction, do what she can to promote the comfort and restoration of the patients.

VIII. In institutions containing more than 200 patients, a second Assistant Physician and an Apothecary should be employed, to the latter of whom, other duties, in the male wards, may be conveniently assigned.

IX. If a Chaplain is deemed desirable as a permanent officer, he should be selected by the Superintendent, and like all others engaged in the care of the patients, should be entirely under his direction.

X. In every Hospital for the Insane, there should be one Supervisor for each sex, exercising a general oversight of all the attendants and patients, and forming a medium of communication between them and the officers.

XI. In no Institution should the number of persons in immediate attendance on the patients be in a lower ratio than one attendant for every ten patients; and a much larger proportion of attendants will commonly be desirable.

XII. The fullest authority should be given to the Superintendent to take every precaution that can guard against fire or accident within an institution, and to secure this an efficient night-watch should always be provided.

XIII. The situation and circumstances of different institutions may require a considerable number of persons to be employed in various other positions, but in every Hospital, at least all those that have been referred to are deemed not only desirable, but absolutely necessary, to give all the advantages that may be hoped for from a liberal and enlightened treatment of the Insane.

XIV. All persons employed in the care of the Insane should be active, vigilant, cheerful, and in good health. They should be of a kind and benevolent disposition, be educated, and in all respects trust-worthy, and their compensation should be sufficiently liberal to secure the services of individuals of this description.

